								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD									19/5/2258				
Effective October 1, 2000													
CLAIMS AS FILED - PART (Column 1)					(Colur	nn 2)		SMALL E	ENTITY	OR	OTHER SMALL I		
TOTAL CLAIMS			B					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		· ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		. &			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=		
• If 1	the difference	in column 1 is l	less than ze	r "0" in c	L column 2		TOTAL	 	OR	TOTAL	710		
								IOIAL		1011	OTHER		
	CI	LAIMS AS A (Column 1)	MENDED - PART II Column 2)			(Column 3)	olumn 3) SMALI		ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 1	Minus	** (28	=		X\$ 9=	Ì	OR	X\$18=		
	Independent	•	Minus	••• -	3	=		X40=		OR	X80= ·		
٧	FIRȘT PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	T CLAIM		j	.405			+270=		
٠		•				•		+135≃ TOTA		OR	TOTAL		
	:							ADDIT. FE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									3				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	1 X\$18=		
	Independent	•	Minus	. •••		=	4	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	F CLAIM		ן ר	+135=		OR	+270=		
•								TOTA	, i	4	TOTAL		
							•	ADDIT. FE	Ē	OR	ADDIT. FEE		
		(Column 1)	_		ımn 2)	(Column 3	3)			-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PAEV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE	
OME	Total .	•	Minus	••		=		X\$ 9=	·	OR	X\$18=		
MEN	Independent	•	Minus	•••		=		X40=		OR	X80=		
2	FIRST PRESENTATION OF MULTIPLE DEPEND				IT CLAIN				+				
, J											+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE		
***	'If the "Highest Nu The "Highest Nur	imber Previously F mber Previously Pa	Paid For IN TH aid For (Total o	us spaci or indeper	c is less th ident) is th	an 3, enter 3. e highest num	ber to	ound in the	appropriate b	ox in c	olumn 1.		